

GOVERNOR CONNALLY'S WOUNDS - THE "FOUND" BULLET & FAKED EXHIBITS

Testimony - Dr. Charles Francis GREGORY, April 21, 1964, 4 H 117-29

Dr. Gregory is chairman of the division of orthopedic surgery at the University of Texas Southwestern Medical School. He had military experience in World War II and the Korean War. He estimates he has dealt with approximately 500 bullet wounds. (p.117)

He first saw Gov. Connally after Dr. Shaw had prepped the Governor the surgical procedures he carried out on the Governor's chest. He had no opportunity to examine the wrist wound until the chest wound was tended.

The wrist wound was a perforating one on the thumb side of the back approximately 5 centimeters above the wrist joint, presumably the wound of entrance, with the presumed wound of exit in the midline of the wrist on its palmar surface about 2 centimeters or a little less than an inch above the wrist crease. (p.118)

He was led to believe the upper wound was that of entrance by its appearance and because bits of thread and cloth, apparently from a dark suit, had been carried into the wound, and because there were "two or three small fragments of metal which presumably were shed by the missile after their (sic) encounter with the firm substance which is bone."

About the cloth:

"Mr. Specter. And what, if anything, did your examination disclose with respect to the wound of the right wrist?

Dr. Gregory. Well, the right sleeve of the coat has a tear in it close to the margin at a point which is, I think, commensurate with the location of the dorsal surface, the back side of the wrist, forearm where the two may have been superimposed and both damaged by the same penetrating body." (p.119)

Gregory said that ^{at} the time the wound was treated and the cloth

2 - Gregory

found, they speculated on the color and material of the Governor's suit because of the fibers found in this wound.

He produced four X-rays of the injury (p.119) (Exhibits 690-3, 17 H 347-50).

The wrist had a comminuted fracture, meaning it was broken into more than 2 pieces, many pieces, he estimates, "fully seven or eight" and that "experience has taught that when these things are disma^{ntled} directly under direct vision that there very obviously may be more than that."

He identified 3 shadows as representing metallic fragments, other shadows as having different causes.

He describes the fragments as quite small and says that in lay terms they would be called "flakes, flakes of metal". (p.120) When given the so-called "round" bullet, Exhibit 399, and asked whether it "could have produced the wound on the Governor's/^{right}wrist and remained as intact as it is at the present time," he replied:

"Dr. Gregory. In examining this bullet, I find a small flake has been either knocked off or removed from the rounded end of the missile.

(At this point Representative Boggs entered the room.)

"I was told that this was removed for the purpose of analysis. The only other deformity which I find is at the base of the missile at the point where it joined the cartridge carrying the powder, I presume, and this is somewhat flattened and deflected, distorted. There is some irregularity of the darker metal within which I presume to represent lead

The only way that this missile could have produced this wound in my view, was to have entered the wrist backwards. Now, this is not in-

3 - Gregory

consistent with one of the characteristics known for missiles which is to tumble. All missiles in flight have two motions normally, a linear motion from the muzzle of the gun to the target, a second motion which is a spinnin motion having to do with maintaining the integrity of the initial linear direction, but if they strike an object they may be caused to turn in their path and tumble end over, and if they do, they tend to produce a greater amount of destruction within the strike time or the target, and they could possibly, if tumbling in air upon emergence, tumble into another target backward. That is the only possible explanation I could offer to correlate this missile with this particular wound.

"Mr. Specter. Is there sufficient metallic substance missing from the back or rear end of that bullet to account for the metallic substance which you have described in the Governor's wrist?

Dr. Gregory. It is possible but I don't know enough about the structure of bullets or this one in particular, to know what is a normal complement of lead or for this particular missile. It is irregular, but how much it may have lost, I have no idea." (p.121)

There should be questioning at this point that does not exist to ascertain whether the bullet entering backward ~~not~~ but not flatwise could have made holes of the sizes given in both surfaces of the wrist and the thigh.

In the course of this examination and what follows, Specter has a dual technique: He poses hypothetical situations which he calls hypothetical but intends to interpret otherwise, and he asks for specific answers to specific questions not based on the reality.

Larry, this should be compared with the description of the injury in the report, or perhaps in the statements of the other doctors because

4 - Gregory

I believe the bullet was described as tumbling and as hitting the wrist broadside or almost broadside.

Asked by Dulles whether the nature of the entry wound indicated whether it entered forward or backward (again note only forward or backward - not broadside or partly broadside), Gregory replied:

"Dr. Gregory: My initial impression was that whatever produced the wound of the wrist was an irregular object, certainly not smooth nosed as the business (p.121) end of this particular bullet is because of two things. The size of the wound of entrance, and the fact that it is irregular surfaced permitted it to pick up organic ^{debris} ~~materials~~, materials, threads, and carry them into the wound with it.

Now, you will note that Dr. Shaw earlier in his testimony and in all of my conversations with him, never did indicate that there was any such loss of material into the wrist, nor does the back of this coat which I have examined show ~~that~~ that it lost significant amounts of cloth but I think the tear in this coat sleeve does imply that there were bits of fabric lost, and I think those were resident in the wrist. I think we recovered them.

Mr. Specter. Is the back of that bullet characteristic of an irregular missile so as to cause the wound in the wrist?

Dr. Gregory. I would say that the back of this being flat and having sharp edges is irregular, and would possibly tend to tear tissues more than does an inclined plane such as this.

Mr. Specter. Would the back of the missile be sufficiently irregular to have caused the wound of the right wrist, in your opinion?

Dr. Gregory. I think it could have; yes. It is possible.

Mr. Specter. Would it be consistent with your observations of the wrist for that missile to have penetrated and gone through the right wrist?

5 - Gregory

Dr. Gregory. It is possible; yes. It appears to me since the wound of exit was a small lacer~~ation~~, that much of the energy of the missile that struck the Governor's wrist was expended in breaking the bone reducing its velocity sufficient so that while it could make an emergence through the underlying soft tissues on his wrist, it did not do great damage to them." (p.122)

Note that Dr. Gregory is being careful in refusing to be positive. He says, when asked if the back of the missile could have caused the wound, "it is possible."

Note also his description of the amount of energy lost in causing the damage indicates a bullet with barely enough velocity left to exit. This seems to be not in conformity with ~~his~~ subsequent testimony.

References such as "the size of the wound of entrance" and equally general designations such as "small" and "large" are meaningless. They serve only to evade and distort. He has yet to be asked to give the precise dimensions. By way of comparison with ~~a~~ ^{the} presumed pristine bullet in the President's back, that hole, described by the Commission as a wound of entrance, measured 4 by 7 millimeters.

In his original medical report, he described the wound of entry as "approximately 2 cm. in length and rather oblique ..." That report ~~does~~ does not give the size of the exit wound. (R.533)

During the testimony of Gov. Connally, however, Dr. Gregory stepped forward to help and described the length of the scars as about 4 cm. or an inch and a half on the upper wrist, where flesh apparently had been excised, and about a half inch as the length of the scar on the palm side, where the wound ~~had~~ ^d been securely sutured at the time of the injury.

The failure to deal in specifics when precise measurements should have been available is not possibly accidental. It also is possibly

6 - Gregory

not honest. There is every reason to believe that all of the Commission's information on the various wounds is and is intended to be deceptive.

Specter then returns to the question of whether or not the bullet that hit the wrist was pristine, "whether they had been some reduction in the velocity of the missile prior to striking the wrist":

"Dr. Gregory. I would offer this opinion about a ^{high} ~~high~~ velocity rifle bullet striking a forearm.

Mr. Specter. Permit me to inject factors which we have not put on the record although it has been brought to your attention previously: Assume this is a 6.5-millimeter missile which was shot from a rifle having a muzzle velocity of approximately 2,000 feet per second, with a distance of approximately ¹⁶⁰ ~~100~~ to 200 feet between the weapon and the victim; and answer the prior question, if you would, Dr. Gregory, with those factors in mind?

Dr. Gregory. I would fully expect the first object struck by that missile to be very badly damaged, and especially if it were a rigid bone such as the wrist bone is, to literally blow it apart. I have had some experience with rifle wound injuries of the forearm produced by this type of missile, and the last two which I attended myself have culminated in amputation of the limb because of the extensive damage produced by the missile as it passed through the arm. Considerably more than was evidenced in the Governor's case either by examination of the limb itself or an examination of these X-rays.

Mr. Specter. Now, as to the experience you had which you experienced which resulted in amputations, what was the range between the weapon and the victim's limb, if you know?

Dr. Gregory. The range in those two instances, I concede was

7 - Gregory

considerably shorter but I cannot give you the specific range. By short I mean perhaps no more than 15 or 20 yards at the most." (p.122)

Again in the absence of a positive identification ^{of} ~~in~~ this projectile, there is no basis for the presumption set forth by Specter as to velocity, etc. They are mere presumptions. It is not possible for a doctor to translate presumption into fact. (p.122)

In discussion of the X-rays, Dr. Gregory says they reveal among other things that he had removed fragments: "Before the operation, you will note a large fragment of metal visible here, not visible in this one. You will also note a small satellite fragment not visible here. A second piece of metal visible preoperatively is still present postoperatively.

No effort incidentally is made to dissect for these fragments. They are small, they are proverbial needles in hay stacks, and we know from experience that small flakes of metal of this kind do not ordinarily produce difficulty in the future, but that the extensive dissection required to find them may produce such consequences and so we choose to leave them inside unless we chance upon them, and on this occasion, those bits of metal recovered were simply found by chance in the course of removing necrotized material." (p.123)

Again the use of the word "large" here is deceptive. ^{From} /The doctor's subsequent testimony, the fragment could have been large only with respect to smaller ones. All the fragments were, in his description, small.

Dulles asked the doctor, "Was the wound of exit in the wrist also jagged like the wound of entry or was there, what differences were there between the wound of entry and the wound of exit?"

The doctor does not answer Dulles. In the course of his discussion which is not responsive, he reveals the wound he believed to be

8 - Gregory

that of exit was about a half-inch long.

Gregory saw the so-called "found" bullet for the first time the morning of the day of his testimony. (p.123)

Gregory's recollection of the dimensions of "the wound on the back of the wrist" is that it was "half a centimeter by two and a half centimeters in length. It was rather linear in nature." (p.124)

Regardless of whose estimate ~~of~~ of the dimensions of the wound of entrance is used, it would seem to be impossible for a bullet that was not tumbling to have made a wound whose approximate proportions are represented by the dimensions, a quarter of an inch by an inch. This, it seems to me, is a central and significant fact that is consistently evaded by the questioners and the questioned. For if the bullet were tumbling, it is not possible the damage to the bone could have been done by only what would normally be the rear surface of the bullet. This is the Commission's thesis, this is what it tries to get the doctor to hypothesize. It would seem impossible that these bones were not shattered by at least part of the long surfaces of the bullet, and with respect to Exhibit 399, these surfaces are, in the Commission's own words, "unmutilated".

The larger wound of exit is not characteristic of a pristine bullet, according to Dr. Gregory, because a pristine bullet "tends to make a small wound of entrance and a larger wound of exit."

Specter then pulls a dirty one:

"Mr. Specter. Is it, however, characteristic of a missile which has had its velocity substantially decreased?

Dr. Gregory. I don't think that the exchange in the velocity^{ity} will alter the nature of the wound of ~~xxx~~ entrance or exit excepting that if the velocity is low enough the missile may simply manage to

9 - Gregory

emerge or may not emerge at all on the far side of the limb which has been struck." (p.124)

Specter certainly knew better. He certainly knew that ^{if} the doctor answered affirmatively, his own witness would be lying. Dulles then asks a logical question:

"Mr. Dulles: Would this be consistent with a tumbling bullet or a bullet that had already tumbled and therefore entered back side too?

Mr. Gregory. The wound of entrance is characteris^{tic}~~tic~~ in my view of an irregular missile in this case, an irregular missile which has tipped itself off as being irregular by the nature of itself.

Mr. Dulles. What do you mean by irregular?

Dr. Gregory. I mean one that has been distorted. It is in some way angular, it has edges or sharp edges or something of this sort. It is not rounded or pointed in the fashion of an ordinary missile. The irregularity of it also, I submit, tends to pick up organic material and carry it into the limb, and this is a very significant takeoff, in my opinion." (p.124)

Nonetheless, Dr. Gregory has not yet given Dulles a direct answer to the question, whether or not ~~the~~ bullet was tumbling. Instead, Dr. Gregory tries to say that the bullet had just reversed itself and was going with the rear end forward. It is obvious that if any part of the rear end hit the Governor's wrist before the front, the bullet had been and presumably still was tumbling. If it ^{was not} ~~was not~~ tumbling, it was going sidewise. The doctor is trying to do what Mr. Specter wants done without getting himself too far out on a limb.

Again on the wound of entry:

"Dr. Gregory. There is one additional piece of information that

10 - Gregory

is of pertinence but I don't know how effectively it can be applied to the nature of the missile. That is the fact that dorsal branch of the radial nerve, a sensory nerve in this immediate vicinity was partially transected together with one tendon leading to the thumb, which was totally transected.

This could have been produced by a missile entering in the ordinary fashion, undisturbed, undistorted. But again it is more in keeping with an irregular surface which would tend to catch and tear a structure rather than push it aside.

Mr. Specter. Would that then also indicate the wound of entrance where that striking took place?

Dr. Gregory. I believe it is more in keeping with it, yes." (p.124)

The thigh wound is the subject of the next questioning, and of it Dr. Gregory says: "The wound was located on the inner aspect of the thigh, a little to the front surface about a third of the way up from the knee. The wound appeared to me to be rounded, almost a puncture type of wound in dimension about equal to a pencil eraser, about 6 mm." (p.124)

Is there not a big difference between an entrance wound of 6 millimeters and one of 2-1/2 centimeters? (p.124)

The doctor has several X-rays of the Governor's thigh (Exhibit 694-6, 17 H 351-3). He identifies and describes these. The fragment remaining in the thigh is quite small, and he says it could not possibly have caused the wound.

Asked if the "found" bullet could have caused the thigh wound, Dr. Gregory replied: "I think again that bullet, Exhibit 399, could very well have struck the thigh in a reverse fashion and have shed a bit of its lead core into the fascia immediately beneath the skin, yet

11 - Gregory

never have penetrated the thigh sufficiently so that it eventually ^{dis}was/lodged and was found in the clothing.

I would like to add that we were disconcerted by not finding a missile at all. Here was our patient with three discernible wounds, and no missile within him of sufficient magnitude to account for them, and we suggested that someone ought to search his belongings and other areas where he had been to see if it could be identified or found, rather." (p.125)

So here, we have a bullet that has been tumbling and all of a sudden decides not to ^ttumble. The distance of the fragment, which, according to the Commission itself, was lodged in the femur (something not at all indicated in this exchange of testimony or any place else in the testimony of the two doctors/in this volume), from the location of the wound of entrance is not/fff/ here or anyplace else I have seen referred to. It is, however, clearly indicated on Exhibit 679 (17 H 336), and assuming this hospital body diagram to be that of a normal man, the distance between the point of entry and the point of lodgment of the fragment is about 3 inches measured on the surface of the skin. Or, in terms of comparison, it is about two-thirds the distance represented as the width of the ankle or about the same distance as is represented by the width of the wrist.

Until this fact is faced, all discussion of the thigh wound is meaningless. How whatever caused the wound to the Governor's thigh got out of it may, indeed, be a mystery. But to presume that it should go so deep into the Governor's body with enough force to leave a fragment in the femur and then fall out without assistance is to fly into the face of logic and reason.

Specter again takes for granted that the bullet had just reversed

12 - Gregory

itself in course and continued in its path backward, and without
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bumbling, in the following exchange:

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"Mr. Specter. Had the missile gone through his wrist in reverse, would it likely have continued in that same course until it reached his thigh, in your opinion? (p.125)

Dr. Gregory. The missile that struck his wrist had sufficient energy left after it passed through the radius to emerge from the soft tissues on the under surface of the skin. It could have had enough to partially enter his thigh, but not completely.

Mr. Specter. In the way which his thigh was wounded?

Dr. Gregory. I believe so; yes." (p.126)

Specter then shows Exhibit 679 to Dr. Gregory and asks if the representation of the wrist wounds is accurate. Dr. Gregory replies:
"They do not in that, though the location of wounds on the forearm is correct, and the dimensions, it is my opinion that entrance and exit terms have been reversed." (p.126)

So here again we have what can not honestly be described as anything less than a fake. There was no information available at the time of Dr. Gregory's testimony that was not available prior to the execution of this chart. His description of the characteristics that made him determine which of the wounds was of entrance and exit was based upon what he learned at the time of his initial examination. Everything he and all the other doctors knew was immediately and completely available to the Commission which used this exhibit. The only purpose in using this exhibit is to make it conform to exhibits 689 (17 H 346) which Dr. Shaw had already said did not accurately represent the location of the Governor's hand at the time of impact of the bullet in the back of his chest. But the thesis originally had been the Governor

13 - Gregory

side of his wrist
had his arm up and his palm/wss hit by the bullet as it exited his chest. Dr. Gregory corrected 679 to make the mark indicated as the wound of entrance that, of exit, and vice versa.

Dulles then asks the doctor to speculate and ^say whether, if the wound^s in the wrist and thigh were caused by the same bullet, its trajectory could be the same as that which caused the chest wound. The doctor said, "those two could probably be lined up with a trajectory of the wound in the chest as well, but this would require a more precise positioning of the individual." (p.126)

The wound on the Governor's upper wrist was treated by debridement, the removal of contaminated tissues, foreign matter, etc., and was left open as a precaution against infection. (p.126)

Speculator Specter again asks the cautious doctor to speculate. The doctor is cautious in his answer:

"Mr. Specter. Dr. Gregory, could all of the wounds which were inflicted on the Governor, that is, those described by Dr. Shaw, and those which you have described during your testimony, have been inflicted from one missile if that missile were a 6.5 millimeter bullet fired from a weapon having a muzzle velocity of approximately 2,000 feet per second at a distance of approximately ^{oxi} 160 to 250 feet, if you assumed a trajectory with an angle of decline approximately 45 degrees?

Dr. Gregory. I believe that the three wounds would have occurred from a single missile under these specifications.

Mr. Specter. Assume, if you will, another set of hypothetical circumstances; That the ⁶7.5 millimeter bullet traveling at the same muzzle velocity, to wit, 2,000/feet per second, at approximately 165 feet between the weapon and the victim, struck the President in the back of the neck passing through the large strap muscles, going through a

14 - Gregory

fascia channel, missing the pleural cavity, ~~striking~~ⁱⁿ striking no bones and emerging from the lower anterior third of the neck, after striking the trachea. Could such a projectile have ~~been~~^{then} passed into the Governor's back and inflicted all three or all of the wounds which have been described here today?

Dr. Gregory. I believe one would have to concede the possibility, but I believe firmly that the probability is much diminished.

Mr. Specter. Why do you say that, sir?

Dr. Gregory. I think that to pass through the soft tissues of the President would certainly have decelerated the missile to some extent. Having then struck the Governor and shattered a rib, it is further decelerated, yet it has presumably retained sufficient energy to smash a radius.

Moreover, it escaped the forearm to penetrate at least the skin and fascia of the thigh, and I am not persuaded that this is very probable. I would have to yield to possibility. I am sure that those who deal with ballistics can do better for you than I can in this regard.

Mr. Specter. What would your assessment of the likelihood be for a bullet under those hypothetical circumstances to have passed through the neck of the President and to have passed through only the chest of the Governor without having gone through either the wrist or into the thigh?

Dr. Gregory. I think that is a much more plausible possibility or probability." (p.127)

The doctor is careful to say he is not an expert on ballistics. And Mr. Specter is careful not to specify that the bullet which does this damage is "unmutilated". (p.127)

Then the doctor is asked to speculate on whether the large fragments which ^{Specter} (he) identifies as Exhibit 568 and 570 (they are actually

15 O Gregory

567 and 569, 17 H 256-7) could have caused the wrist damage after exiting the President's head. (p.127) In repl^y~~an~~

"Dr. Gregory. These items represent distorted bits of a missile, a jacket in one case, and part of a jacket and a lead core in the other. These are missiles having the characteristics which I mentioned earlier, which tend to carry organic debris into wounds and tend to create irregular wounds of entry. One of these, it seems to me, could conceivably have produced the injury which the Governor incurred in his wrist.

Mr. Dulles. In his wrist?

Dr. Gregory. Yes.

Mr. Dulles. And in his thigh?

Dr. Gregory. I don't know about that, sir. It is possible. But the rather remarkably round nature of the wound in the thigh leads me to believe that it was produced by something like the butt end of an intact missile." (p.128)

The doctor is indeed a perceptive and learned man. The wound in the Governor's thigh, by its nature, leads him to believe that the butt, not the normal end of the bullet, caused the injury. This may be very much to the Commission's liking, but it can hardly be regarded seriously. The doctor has no way of knowing what end or whether any end of a bullet caused that injury. It is perfectly proper to presume the injury was caused by a bullet, but the doctor has no knowledge, and he certainly has no knowledge that it was caused by the butt end.

Specter then shows Exhibit 388 (16 H 984) another artist's conception of the injury to the President's head, following which:

"Mr. Specter. Well, if you assume that the trajectory through the President's head was represented by the path of a 6.5-mm. bullet which fragmented upon striking the skull, both the rear and again the

16 - Gregory

top, is it possible that a fragment coming at the rate of 2,000 feet per second from the distance of approximately 160 to 250 feet, could have produced a fragment which then proceeded to strike the Governor's wrist and inflict the damage which you have heretofore described?

Dr. Gregory. I think it is plausible that the bullet, having struck the President's head, may have broken into more than one fragment. I think you apprised me of the fact that it did, in fact, disperse into a number of fragments, and they took tangential directions from the original path apparently.

Mr. Specter. Assuming the fact that the autopsy surgeon presented for the record a statement that the fragments moved forward into the vicinity of the President's right eye, as the diagram shows, that there were approximately 40 star-like fragments running on a line through the head on the trajectory, and that there was substantial fragmentation of the bullet as it passed through the head, what is your view about that?

Dr. Gregory. I think it is possible that a fragment from that particular missile may have escaped and struck the Governor's right arm." (p.128)

Note the hypothetical situation here, which is in utter defiance of scientific fact, that a fragment of a bullet which lost almost all of its kinetic energy in the President's skull, still maintained a velocity of 2,000 feet per second. It is possible Specter misspoke himself, but if he did, the record could have and should have been corrected. In the absence of any such correction, we have no choice but to accept the Commission's transcript. Certainly, with the explosion that took place in the President's head, there is no basis for postulating anything like a 2,000-foot velocity for any fragment.

17 - Gregory

Also note how cagy Dr. Gregory is. All he says, regardless of how the Commission chooses to interpret his remarks, is that such a fragment could have "struck" the Governor - nothing else. And on the subject of the Zapruder films:

"Dr. Gregory. ... It seemed to me in frames marked 234, 235, and 236, Governor Connally was in a position such that a single missile entered his back, could have passed through his chest, through his right forearm, and struck his thigh. That is a possibility."
(p.128)

This is in complete conformity with the opinions of Governor and Mrs. Connally. It is in complete disagreement with the Commission's thesis that the President was struck at about the moment his car could be seen in the Zapruder films emerging from behind the sign.
(p.128)

And of his own deposition of March 23;

"Mr. Specter. Have you had an opportunity to review that deposition prior to today?

Dr. Gregory. Yes; I have looked it over.

Mr. Specter. Do you have anything to add, Dr. Gregory, that you think would be helpful to the Commission in any way?

Dr. Gregory. No, sir; I do not.

Dulles
Mr. ~~Specter~~. Are you in agreement with the deposition as given?

Dr. Gregory. Yes. I don't think there are any/-there is any need to change any of the exxence of the deposition. There are a few typographical errors and word changes one might make, but the essence is essentially as I gave it." (p.129)

Larry, I think it is worth while to ^{com}pare this speculation and other ~~nonsense~~ nonsense about the thigh wound with what Dr. Shires said in

18 - Gregory

his original report. It is conspicuous that Dr. Shires is not called to present his knowledge to the Commission. It is conspicuous that the Commission avoids what lawyers call "best evidence." Drs. Gregory and Shaw had nothing to do with the treatment of Governor Connally's thigh. The hospital report lists Dr. Shires as the surgeon and as his assistants, Dr. McClelland, Baxter and Patton. (R.535) After the preliminaries, this report says, "Following this the missile wound was excised and the bullet tract was explored. The missile wound was seen to course through the subcutaneous fat and into the vastus medialis. The necrotic fat and muscle were debrided down to the region of the femur ..." In short, Dr. Shires explored a wound approximately 3 inches in length all the way down to the bone. There are no ifs, and, or buts, there is no speculation, and there is no need for speculation. There is no question about how far the bullet penetrated, and there is no reason for the presumption that it penetrated so little that it fell not only out of the Governor's body, but even out of his trousers (and under the mattress, of course).